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PREFACE

The Iowa Administrative Bulletin is published biweekly pursuant to Iowa Code chapters 2B and 17A and contains Notices of Intended Action and rules adopted by state agencies.

It also contains Proclamations and Executive Orders of the Governor which are general and permanent in nature; Regulatory Analyses; effective date delays and objections filed by the Administrative Rules Review Committee; Agenda for monthly Administrative Rules Review Committee meetings; and other materials deemed fitting and proper by the Administrative Rules Review Committee.

The Bulletin may also contain public funds interest rates [12C.6]; usury rates [535.2(3)“a”]; agricultural credit corporation maximum loan rates [535.12]; and other items required by statute to be published in the Bulletin.

PLEASE NOTE: Underscore indicates new material added to existing rules; ~~strike-through~~ indicates deleted material.

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CITATION of Administrative Rules

The Iowa Administrative Code shall be cited as (agency identification number) IAC (chapter, rule, subrule, paragraph, subparagraph, or numbered paragraph).

This citation format applies only to external citations to the Iowa Administrative Code or Iowa Administrative Bulletin and does not apply to citations within the Iowa Administrative Code or Iowa Administrative Bulletin.

441 IAC 79	(Chapter)
441 IAC 79.1	(Rule)
441 IAC 79.1(1)	(Subrule)
441 IAC 79.1(1)“a”	(Paragraph)
441 IAC 79.1(1)“a”(1)	(Subparagraph)
441 IAC 79.1(1)“a”(1)“1”	(Numbered paragraph)

The Iowa Administrative Bulletin shall be cited as IAB (volume), (number), (publication date), (page number), (ARC number).

IAB Vol. XII, No. 23 (5/16/90) p. 2050, ARC 872A

NOTE: In accordance with Iowa Code section 2B.5A, a rule number within the Iowa Administrative Code includes a reference to the statute which the rule is intended to implement: 441—79.1(249A).

Schedule for Rulemaking 2023

NOTICE† SUBMISSION DEADLINE	NOTICE PUB. DATE	HEARING OR COMMENTS 20 DAYS	FIRST POSSIBLE ADOPTION DATE 35 DAYS	ADOPTED FILING DEADLINE	ADOPTED PUB. DATE	FIRST POSSIBLE EFFECTIVE DATE	POSSIBLE EXPIRATION OF NOTICE 180 DAYS
Dec. 21 '22	Jan. 11 '23	Jan. 31 '23	Feb. 15 '23	Feb. 17 '23	Mar. 8 '23	Apr. 12 '23	July 10 '23
Jan. 4	Jan. 25	Feb. 14	Mar. 1	Mar. 3	Mar. 22	Apr. 26	July 24
Jan. 20	Feb. 8	Feb. 28	Mar. 15	Mar. 17	Apr. 5	May 10	Aug. 7
Feb. 3	Feb. 22	Mar. 14	Mar. 29	Mar. 31	Apr. 19	May 24	Aug. 21
Feb. 17	Mar. 8	Mar. 28	Apr. 12	Apr. 14	May 3	June 7	Sep. 4
Mar. 3	Mar. 22	Apr. 11	Apr. 26	Apr. 28	May 17	June 21	Sep. 18
Mar. 17	Apr. 5	Apr. 25	May 10	**May 10**	May 31	July 5	Oct. 2
Mar. 31	Apr. 19	May 9	May 24	May 26	June 14	July 19	Oct. 16
Apr. 14	May 3	May 23	June 7	June 9	June 28	Aug. 2	Oct. 30
Apr. 28	May 17	June 6	June 21	**June 21**	July 12	Aug. 16	Nov. 13
May 10	May 31	June 20	July 5	July 7	July 26	Aug. 30	Nov. 27
May 26	June 14	July 4	July 19	July 21	Aug. 9	Sep. 13	Dec. 11
June 9	June 28	July 18	Aug. 2	Aug. 4	Aug. 23	Sep. 27	Dec. 25
June 21	July 12	Aug. 1	Aug. 16	**Aug. 16**	Sep. 6	Oct. 11	Jan. 8 '24
July 7	July 26	Aug. 15	Aug. 30	Sep. 1	Sep. 20	Oct. 25	Jan. 22 '24
July 21	Aug. 9	Aug. 29	Sep. 13	Sep. 15	Oct. 4	Nov. 8	Feb. 5 '24
Aug. 4	Aug. 23	Sep. 12	Sep. 27	Sep. 29	Oct. 18	Nov. 22	Feb. 19 '24
Aug. 16	Sep. 6	Sep. 26	Oct. 11	Oct. 13	Nov. 1	Dec. 6	Mar. 4 '24
Sep. 1	Sep. 20	Oct. 10	Oct. 25	**Oct. 25**	Nov. 15	Dec. 20	Mar. 18 '24
Sep. 15	Oct. 4	Oct. 24	Nov. 8	**Nov. 8**	Nov. 29	Jan. 3 '24	Apr. 1 '24
Sep. 29	Oct. 18	Nov. 7	Nov. 22	**Nov. 22**	Dec. 13	Jan. 17 '24	Apr. 15 '24
Oct. 13	Nov. 1	Nov. 21	Dec. 6	**Dec. 6**	Dec. 27	Jan. 31 '24	Apr. 29 '24
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Nov. 8	Nov. 29	Dec. 19	Jan. 3 '24	**Jan. 3 '24**	Jan. 24 '24	Feb. 28 '24	May 27 '24
Nov. 22	Dec. 13	Jan. 2 '24	Jan. 17 '24	Jan. 19 '24	Feb. 7 '24	Mar. 13 '24	June 10 '24
Dec. 6	Dec. 27	Jan. 16 '24	Jan. 31 '24	Feb. 2 '24	Feb. 21 '24	Mar. 27 '24	June 24 '24
Dec. 20	Jan. 10 '24	Jan. 30 '24	Feb. 14 '24	Feb. 16 '24	Mar. 6 '24	Apr. 10 '24	July 8 '24

PRINTING SCHEDULE FOR IAB

<u>ISSUE NUMBER</u>	<u>SUBMISSION DEADLINE</u>	<u>ISSUE DATE</u>
13	Wednesday, December 6, 2023	December 27, 2023
14	Wednesday, December 20, 2023	January 10, 2024
15	Wednesday, January 3, 2024	January 24, 2024

PLEASE NOTE:

Rules will not be accepted by the Publications Editing Office after **12 o'clock noon** on the filing deadline unless prior approval has been received from the Administrative Rules Coordinator and the Administrative Code Editor.

If the filing deadline falls on a legal holiday, submissions made on the following Monday will be accepted.

†To allow time for review by the Administrative Rules Coordinator prior to the Notice submission deadline, Notices should generally be submitted in RMS four or more working days in advance of the deadline.

****Note change of filing deadline****

The Administrative Rules Review Committee will hold its regular, statutory meeting on Wednesday, December 6, 2023, at 9 a.m. in Room 116, State Capitol, Des Moines, Iowa. For more information, contact Jack Ewing at jack.ewing@legis.iowa.gov. The following rules will be reviewed:

ECONOMIC DEVELOPMENT AUTHORITY[261]

Butchery innovation and revitalization program, amendments to ch 51 Filed **ARC 7122C** 11/15/23

MANAGEMENT DEPARTMENT[541]

Organization and operation, ch 1 Notice **ARC 7113C** 11/15/23

Petitions for rulemaking, ch 5 Notice **ARC 7114C** 11/15/23

Declaratory orders, ch 6 Notice **ARC 7115C** 11/15/23

Agency procedure for rulemaking, ch 7 Notice **ARC 7116C**..... 11/15/23

Public records and fair information practices, ch 8 Notice **ARC 7117C**..... 11/15/23

Grants enterprise management system, ch 11 Notice **ARC 7118C**..... 11/15/23

DAS customer council, ch 12 Notice **ARC 7119C** 11/15/23

Suspension and reinstatement of state funds, adopt ch 13; rescind ch 16 Notice **ARC 7120C**..... 11/15/23

STATE PUBLIC DEFENDER[493]

INSPECTIONS AND APPEALS DEPARTMENT[481]"umbrella"

Claims for indigent defense services—rate of compensation, travel time, 12.4(1), 12.5(4)

Notice **ARC 7126C** 11/29/23

UTILITIES DIVISION[199]

COMMERCE DEPARTMENT[181]"umbrella"

Procedure for determining the competitiveness of a communications service or facility,

rescind ch 5 Notice **ARC 7125C** 11/29/23

Complaint procedures, ch 6 Notice **ARC 7124C** 11/29/23

Interstate natural gas pipelines and underground storage, rescind ch 12 Notice **ARC 7110C**..... 11/15/23

Utility records, ch 18 Notice **ARC 7123C**..... 11/29/23

Nonutility services—recordkeeping and cost allocations, ch 33 Notice **ARC 7111C**..... 11/15/23

Nonutility service, ch 34 Notice **ARC 7112C**..... 11/15/23

WORKFORCE DEVELOPMENT DEPARTMENT[871]

Physician assistants, 24.23(6), 24.25(35), 24.26 Filed **ARC 7121C**..... 11/15/23

ADMINISTRATIVE RULES REVIEW COMMITTEE MEMBERS

Regular, statutory meetings are held the second Tuesday of each month at the seat of government as provided in Iowa Code section 17A.8. A special meeting may be called by the Chair at any place in the state and at any time.

Senator Mike Klimesh
Vice Chair
Senate District 32

Senator Nate Boulton
Senate District 20

Senator Mike Bousset
Senate District 21

Senator Waylon Brown
Senate District 30

Senator Cindy Winckler
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House District 6

Representative Amy Nielsen
House District 85

Representative Rick Olson
House District 39

Representative Mike Sexton
House District 7

Representative David Young
House District 28

Nate Ristow
Administrative Rules Coordinator
Governor's Ex Officio Representative
Capitol, Room 18
Des Moines, Iowa 50319
Telephone: 515.281.5211

BANKING DIVISION[187]

Required fees, 2.19
IAB 11/15/23
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Iowa Division of Banking
200 East Grand Ave., Ste. 300
Des Moines, Iowa

December 13, 2023
9 a.m.

CIVIL RIGHTS COMMISSION[161]

Complaint process, ch 3;
discrimination in employment,
ch 8
IAB 11/15/23
Regulatory Analyses

Grimes State Office Bldg.
400 E. 14th St.
Des Moines, Iowa

December 5, 2023
10 a.m.

ECONOMIC DEVELOPMENT AUTHORITY[261]

Renewable chemical production
tax credit program, ch 81
IAB 11/1/23 **ARC 7105C**

1963 Bell Ave.
Des Moines, Iowa
Registration information for online
participation may be found at
www.iowaeda.com/red-tape-review/

December 4, 2023
1:30 to 2 p.m.

INSPECTIONS AND APPEALS DEPARTMENT[481]

Hospitals, ch 51
IAB 11/29/23
Regulatory Analysis

6200 Park Ave.
Des Moines, Iowa

December 20, 2023
9 a.m.

MANAGEMENT DEPARTMENT[541]

Organization and operation,
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ch 5; declaratory orders,
ch 6; Agency procedure for
rulemaking, ch 7; public
records and fair information
practices, ch 8; grants enterprise
management system, ch 11;
DAS customer council, ch 12;
suspension and reinstatement of
state funds, adopt ch 13; rescind
ch 16
IAB 11/15/23
ARC 7113C to ARC 7120C

State Capitol, Room G14
1007 E. Grand Ave.
Des Moines, Iowa

December 6, 2023
1 to 2 p.m.

State Capitol, Room G14
1007 E. Grand Ave.
Des Moines, Iowa

December 8, 2023
1 to 2 p.m.

PUBLIC HEALTH DEPARTMENT[641]

Establishment of new certificate
of live birth following adoption,
95.6(1)“b,” 99.14
IAB 11/29/23
Regulatory Analysis

Via video/conference call:
meet.google.com/fpq-bkvo-ypn

December 20, 2023
10 a.m. to 12 noon

State-funded family medicine
obstetrics fellowship program,
ch 106
IAB 11/29/23
Regulatory Analysis

Via video/conference call:
meet.google.com/nkg-jzin-yvp

December 20, 2023
10 a.m. to 12 noon

UTILITIES DIVISION[199]

Procedure for determining the competitiveness of a communications service or facility, rescind ch 5 IAB 11/29/23 ARC 7125C	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	December 19, 2023 9 to 10 a.m.
	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	December 20, 2023 9 to 10 a.m.
Complaint procedures, ch 6 IAB 11/29/23 ARC 7124C	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	December 19, 2023 9 to 10 a.m.
	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	January 8, 2024 1 to 2 p.m.
Interstate natural gas pipelines and underground storage, rescind ch 12 IAB 11/15/23 ARC 7110C	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	December 5, 2023 10:30 a.m. to 12:30 p.m.
	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	December 12, 2023 9 to 11 a.m.
Utility records, ch 18 IAB 11/29/23 ARC 7123C	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	December 19, 2023 2 to 3 p.m.
	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	January 3, 2024 9 to 10 a.m.
Nonutility services— recordkeeping and cost allocations, ch 33 IAB 11/15/23 ARC 7111C	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	December 5, 2023 9 to 11 a.m.
	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	January 23, 2024 9 to 11 a.m.
Nonutility service, ch 34 IAB 11/15/23 ARC 7112C	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	December 5, 2023 9 to 11 a.m.
	Board Hearing Room 1375 E. Court Ave. Des Moines, Iowa	January 23, 2024 9 to 11 a.m.

The following list will be updated as changes occur.

“Umbrella” agencies and elected officials are set out below at the left-hand margin in CAPITAL letters.

Divisions (boards, commissions, etc.) are indented and set out in lowercase type under their statutory “umbrellas.”

Other autonomous agencies are included alphabetically in SMALL CAPITALS at the left-hand margin.

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Regulatory Analysis

Notice of Intended Action to be published: Iowa Administrative Code 481—Chapter 51
“Hospitals”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 135B.3A as enacted by 2023 Iowa Acts, Senate File 75, and 135B.7 as amended by 2023 Iowa Acts, Senate File 75

State or federal law(s) implemented by the rulemaking: Iowa Code chapter 135B as amended by 2023 Iowa Acts, Senate File 75, and Executive Order 10 (January 10, 2023)

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

December 20, 2023
9 a.m.

6200 Park Avenue
Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis. Written or oral comments in response to this Regulatory Analysis must be received by the Department of Inspections, Appeals, and Licensing no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Ashleigh Hackel
Iowa Department of Inspections, Appeals, and Licensing
6200 Park Avenue
Des Moines, Iowa 50321
Phone: 515.250.3746
Email: ashleigh.hackel@dia.iowa.gov

Purpose and Summary

This rulemaking proposes the repromulgation of Chapter 51. This rulemaking implements Iowa Code chapter 135B as amended by 2023 Iowa Acts, Senate File 75, in accordance with the goals and directives of Executive Order 10 (January 10, 2023). Iowa Code chapter 135B requires that the Department, with approval by the Council on Health and Human Services, adopt rules setting forth standards for the different types of hospitals to be licensed under Iowa Code chapter 135B. Iowa Code section 135B.7 specifically requires that the rules state that a hospital or rural emergency hospital shall not deny clinical privileges to practitioners solely by reason of the license held by the practitioner or school or institution in which the practitioner received training; a hospital or rural emergency hospital establish and implement written criteria for the granting of clinical privileges, including delineation of specified factors; and the Department adopt rules requiring hospitals and rural emergency hospitals to establish and implement protocols for responding to the needs of patients who are victims of domestic abuse and elder abuse.

Pursuant to Iowa Code section 135B.3A, the Department is also required to adopt rules to establish minimum standards for the licensure of rural emergency hospitals consistent with the federal Consolidated Appropriations Act, Pub. L. No. 116-260, §125, and with regulations issued by the United States Secretary of Health and Human Services for rural emergency hospitals. Iowa Code section 135B.7A also requires the Department to adopt rules that require hospitals and rural emergency hospitals to establish procedures for authentication of all verbal orders by a practitioner within a period not to exceed 30 days following a patient’s discharge.

The proposed rules establish basic standards for patient care, including standards related to medical, nursing, and additional staff who provide services in hospitals; hospital response to abuse; hospital delivery of adequate nursing, surgical, anesthesia, emergency, obstetric, neonatal, and pediatric services; implementation of science-based infection control practices; delivery of services for medication administration, pharmacy, pathology and laboratory, and radiological services; organ and tissue procurement; maintenance of patient records; food protection and nutritional services; maintenance and use of patient equipment; and safe standards of construction.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

- Classes of persons that will bear the costs of the proposed rulemaking:

Costs associated with this proposed chapter are borne by hospitals in the course of obtaining a license and operating in compliance with Chapter 51 and the Department in administering the chapter.

- Classes of persons that will benefit from the proposed rulemaking:

The purpose of Iowa Code chapter 135B is to “provide for the development, establishment and enforcement of basic standards for the care and treatment of individuals in hospitals and for the construction, maintenance and operation of such hospitals, which, in the light of existing knowledge, will promote safe and adequate treatment of such individuals in hospitals, in the interest of the health, welfare and safety of the public.” By implementing Iowa Code chapter 135B, Chapter 51 benefits the health, welfare and safety of the public. Hospital licensees also benefit through effective and efficient regulation.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- Quantitative description of impact:

Costs to the hospitals include maintaining facilities appropriate to meet the needs of patients and in accordance with the Facility Guidelines Institute’s Guidelines for Design and Construction of Hospitals and other applicable building and fire safety law, maintaining staffing appropriate to meet the needs of patients and implement a quality improvement program as described in the rules, and retaining records. Hospitals also incur licensing fees, but they are established in statute rather than rules.

As many of the rules require that the hospital adopt and implement appropriate operational policies and set quality standards, costs are not directly incurred due to these rules but by nature of the operational necessities of a quality hospital and not easily quantified. Furthermore, costs associated with these rules do not exceed any costs associated with federal regulatory standards.

The Department conducts approximately 200 routine and complaint inspections annually and recognizes approximately 150 inspections of accrediting organizations annually. The Department identifies regulatory deficiencies and reviews the hospitals’ corrective actions during investigations and survey visits. Approximately 90 percent of hospitals have fully corrected the federal Medicare conditions of participation deficient practices while the Department is on-site and/or are in full regulatory compliance. Less than 10 percent of hospitals are required to submit a plan of correction for identified deficiencies. The Department works with each hospital after deficiencies are identified to approve a hospital’s plans of correction. Department analytics demonstrate that hospitals are generally back in compliance within 45 days.

- Qualitative description of impact:

The proposed rules were drafted to promote safe and adequate treatment for individuals in hospitals, in the interest of the health, welfare and safety of the public. The state standards align with and incorporate specific federal standards in particular areas. An analysis of the national regulatory environment demonstrates that many states have similar state/federal regulatory schemes. Reviewing compliance data demonstrates that Iowa hospitals have regulatory compliance rates in line with national averages and surrounding states; 90 percent of hospitals in Missouri and Nebraska are in compliance with applicable state and federal standards. The national average of hospitals that are out of compliance

with state and federal standards also corresponds to Iowa's hospitals, with less than 10 percent out of compliance with such standards.

3. Costs to the State:

- Implementation and enforcement costs borne by the agency or any other agency:

The Department's costs related to implementation of Iowa Code chapter 135B and this chapter include the costs of personnel to administer the program, including travel associated with on-site inspections, and technology utilized to document inspections and maintain records and databases. The Department maintains approximately 8.0 full-time equivalent (FTE) positions to administer this program, including surveyors and managerial and administrative staff. The Department's total budget to implement and enforce this chapter is \$1,065,607.

- Anticipated effect on state revenues:

Because the Department is the contract agency for the federal Centers for Medicare and Medicaid Services (CMS) and implements federal regulations in parallel with state regulations, the Department's budget is offset by federal funding. The federal funding exceeds the Department's total budget to implement and enforce this chapter but is also utilized in association with other joint federal and state health care facility inspection programs.

License fees collected also defray the costs of implementation. The license fees are set by statute as opposed to rule. License fees collected in December 2022 totaled \$62,000.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

As the Department is required by Iowa Code chapter 135B to promulgate rules for hospitals, inaction is not an option. However, as set forth more fully in response to section "5" below, the Department believes the proposed rules are the most effective and efficient implementation of Iowa Code chapter 135B.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

Of the 124 Iowa hospitals licensed pursuant to Iowa Code chapter 135B, 123 are federally certified by CMS and thus subject to federal regulation. Such federal regulatory standards are administered by the Department as a contract agency for CMS. Accordingly, the Department considered whether it would be appropriate to entirely eliminate its substantive regulatory standards in favor of incorporating by reference all applicable federal regulations. As a whole, the federal regulations are considered more restrictive than or in line with state standards.

The Department determined it was appropriate to maintain its substantive state standards, aligning with and incorporating specific federal standards as necessary, for a number of reasons. First, there is one current entity that is licensed pursuant to Iowa Code chapter 135B and not federally certified and thus is not subject to federal regulatory standards. To solely adopt federal standards would create a more burdensome regulatory scheme for that hospital. Furthermore, in light of an ever-fluctuating health care environment, any new hospitals seeking licensure without certification would be similarly burdened if state substantive standards were abandoned. Accordingly, it seemed most appropriate for the Department to maintain the State's own regulatory implementation, which is not more restrictive than the federal standards but does adopt such standards where it is the most effective and efficient implementation.

Additionally, adopting federal standards by reference would not necessarily be a less costly or less intrusive method of implementing Iowa Code chapter 135B. As the Department implements Chapter 51 in parallel with the federal regulations, as opposed to conducting separate surveys, there is believed to be minimal additional intrusion or cost associated with the substantive standards set forth in Chapter 51.

The Department also already incorporates within its rules recognition of comparable inspections and inspection findings of accrediting organizations. The proposed rules broaden the language associated with such accrediting organizations to ensure any organization recognized and permitted by CMS is similarly recognized and permitted by the State.

Notably, the Department has historically worked closely with stakeholder hospital associations and providers to maintain a state regulatory framework that implements Iowa Code chapter 135B in a manner that is effective, is efficient, and is the least costly and burdensome implementation of Iowa Code chapter 135B for providers. The Department provided this proposed rulemaking to such stakeholders, including the Iowa Hospital Association and individual providers. The Department received and incorporated constructive feedback, and stakeholders communicated that the proposed rules appropriately streamline this chapter while maintaining needed clarity.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:
See response to section “5.”
- Reasons why alternative methods were rejected in favor of the proposed rulemaking:
See response to section “5.”

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking’s compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking is not believed to have a substantial impact on small business since entities affected by this chapter are not likely to be small businesses. Furthermore, substantive health and safety regulations would not be appropriate for disparate enforcement based on business size.

Notwithstanding the above, the Department drafted the proposed chapter with the various types of hospitals and various settings within which they practice (rural versus urban) in mind. The proposed rules generally incorporate performance standards and operational standards tied to operational policies in lieu of directed operational mandates. Additionally, if a licensee subject to this chapter is a small business and has identified a rule that is overly burdensome and the goals of which could be achieved in a manner that would reduce the impact on the small business, the licensee could utilize the Department’s established waiver process.

Text of Proposed Rulemaking

ITEM 1. Rescind 481—Chapter 51 and adopt the following **new** chapter in lieu thereof:

CHAPTER 51
HOSPITALS

481—51.1(135B) Definitions. As used in this chapter, unless the context otherwise requires, the following definitions apply:

“*Critical access hospital*” means any hospital located in a rural area and certified by the Iowa department of health and human services as being a necessary provider of health care services to residents

of the area. A “critical access hospital” makes available 24-hour emergency care, is a designated provider in a rural health network, and meets the criteria specified pursuant to rule 481—51.53(135B).

“*Governing board*” means the board of trustees, the owner, or person(s) designated by the owner as the governing authority. The governing board has supreme authority in the hospital and is responsible for the management, control, and appointment of the medical staff.

“*Hospital*” or “*general hospital*” means an institution, place, building, or agency represented and held out to the general public as ready, willing and able to furnish care, accommodations, facilities and equipment for the diagnosis or treatment, over a period exceeding 24 hours, of two or more nonrelated individuals suffering from illness, injury, infirmity or deformity, or other physical or mental condition for which medical, surgical and obstetrical care services are provided.

“*Long-term acute care hospital*” means any hospital that has an average inpatient length of stay greater than 25 days and that provides extended medical and rehabilitative care for patients who are clinically complex and who may suffer from multiple acute or chronic conditions. Services provided by a long-term acute care hospital include but are not limited to comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management.

“*Medical staff*” means an organized body that is composed of individuals appointed by the hospital governing board, that operates under bylaws approved by the governing board and that is responsible for the quality of medical care provided to patients by the hospital. All members of the medical staff, one of whom shall be a licensed physician, shall be licensed to practice in the state of Iowa.

“*Premises*” means any or all designated portions of a building or structure, enclosures or places in the building, or real estate when the distinct and clearly identifiable parts provide separate care and services. “Premises” is not to be construed to permit the existence of a separately licensed specialty hospital within the physical structure of a general hospital.

“*Rural emergency hospital*” means the same as defined by Iowa Code section 135B.1 as amended by 2023 Iowa Acts, Senate File 75.

“*Specialized hospital*” means any hospital devoted primarily to the specialized care and treatment of persons with chronic or long-term illness, injury, or infirmity. “Specialized hospital” does not include a specialty hospital.

“*Specialty hospital*” means the same as defined by 42 CFR Section 411.351 as amended to November 7, 2023.

481—51.2(135B) Classification, compliance and license.

51.2(1) All hospitals subject to licensure under this chapter will be classified as a critical access hospital, general hospital, long-term acute care hospital, rural emergency hospital, or specialized hospital. The license issued by the department will clearly identify the classification of the hospital, and such designation will be set forth on the hospital’s license.

51.2(2) A hospital shall comply with all of the general regulations for hospitals and any rules pertaining to specialized services, if specialized services are provided in the hospital.

51.2(3) A separate license is required for each hospital even though more than one is operated under the same management. A separate license is not required for separate buildings of a hospital located on separate parcels of land, which are not adjoining but provide elements of the hospital’s full range of services for the diagnosis, care, and treatment of human illness, including convalescence and rehabilitation, and which are organized under a single owner or governing board with a single designated administrator and medical staff.

51.2(4) The license shall be conspicuously posted on the main premises of the hospital.

51.2(5) The department shall recognize, in lieu of its own licensure inspection, the comparable inspections and findings of an accrediting organization approved by the Centers for Medicare and Medicaid Services (CMS) for federal certification if the department is provided with copies of all requested materials relating to the inspection process. In cases of the initial licensure, the department may require its own inspection when needed in addition to comparable accreditations to allow the hospital to begin operations. The department may also initiate its own inspection when it is determined

that the inspection findings of the accrediting organization are insufficient to address concerns identified as possible licensure issues.

51.2(6) The department may recognize, in lieu of its own licensure inspection, the comparable inspection and inspection findings of a Medicare conditions of participation survey of a hospital certified by CMS. Hospitals that are not federally certified will be inspected utilizing the requirements of this chapter.

481—51.3(135B) Quality improvement program.

51.3(1) There shall be an ongoing hospitalwide quality improvement program. This program is to be designed to improve, as needed, the quality of patient care by:

- a. Assessing clinical patient care;
- b. Assessing nonclinical and patient-related services within the hospital;
- c. Developing remedial action as needed; and
- d. Ongoing monitoring and evaluating of the progress of remedial action taken.

51.3(2) The governing body shall ensure there is an effective hospitalwide patient-oriented quality improvement program.

51.3(3) The quality improvement program shall involve active participation of physician members of the hospital's medical staff and other health care professionals, as appropriate. Evidence of this participation will include ongoing case review and assessment of other patient care problems, which have been identified through the quality improvement process.

51.3(4) The quality improvement plan may include external, state, local, federal, and regional benchmarking activities designed to improve the quality of patient care. The quality improvement plan shall be written and may address the following:

- a. The program's objectives, organization, scope, and mechanisms for overseeing the effectiveness of monitoring, evaluation, and problem-solving activities;
- b. The participation from all departments, services (including services provided both directly and under contract), and disciplines;
- c. An assessment of participation through a quality improvement committee meeting on an established periodic basis;
- d. The coordination of quality improvement activities;
- e. The communication, reporting and documentation of all quality improvement activities on a regular basis to the governing board, the medical staff, and the hospital administrator;
- f. An annual evaluation by the governing board of the effectiveness of the quality improvement program; and
- g. The accessibility and confidentiality of materials relating to, generated by or part of the quality improvement process.

481—51.4(135B) Long-term acute care hospital located within a general hospital.

51.4(1) A long-term acute care hospital shall meet the requirements for a general hospital, including emergency services, except that obstetrical facilities are not required, and, if the long-term acute care hospital is located within a separately licensed hospital and does not provide its own emergency services, the long-term acute care hospital shall contract for emergency services with the host general hospital.

51.4(2) If a long-term acute care hospital occupies the same premises of a general hospital, all treatment facilities and administrative offices for each hospital shall be clearly marked and separated from each other and located within the licensed premises of each licensee. Treatment facilities shall be sufficient to meet the medical needs of the patients. Administrative offices include, but are not limited to, record rooms and personnel offices. Nothing prohibits a long-term acute care hospital that is occupying the same premises as a general hospital from utilizing the entrance, hallway, stairs, elevators or escalators of the general hospital to provide access to the long-term acute care hospital's separate entrance, but there should be clearly identifiable and distinguishable signs for each hospital.

51.4(3) A long-term acute care hospital located within a general hospital shall have sufficient staff to meet the patients' needs. No nursing services staff can be simultaneously assigned patient duties in both licensed hospitals.

51.4(4) Each long-term acute care hospital located within a general hospital and the general hospital shall have a separate and distinct governing board in control of the respective hospital. No more than one board member shall serve in a common capacity on the governing board of each licensed hospital. For the purposes of this rule, control exists if an individual or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution.

51.4(5) A long-term acute care hospital located within a general hospital may contract with the host general hospital for the provision of services. All contracts shall clearly delineate the responsibilities of and services provided by the long-term acute care hospital and the general hospital and be executed by the respective governing boards.

481—51.5(135B) Medical staff.

51.5(1) A roster of medical staff members shall be kept.

51.5(2) All hospitals shall have one or more licensed physicians designated for emergency call service at all times.

51.5(3) A hospital shall not deny clinical privileges as set forth in Iowa Code section 135B.7(2) as amended by 2023 Iowa Acts, Senate File 75.

51.5(4) A hospital shall establish and implement written criteria for the granting of clinical privileges that include but are not limited to consideration of the:

- a. Ability of the applicant to provide patient care services independently or appropriately in the hospital;
- b. License held by the applicant to practice;
- c. Training, experience, and competence of the applicant;
- d. Relationship between the applicant's request for privileges and the hospital's current scope of patient care services;
- e. Applicant's ability to provide comprehensive, appropriate and cost-effective services.

481—51.6(135B) Patient rights and responsibilities. The hospital governing board shall adopt a statement of principles relating to patient rights and responsibilities that is made available to patients of the hospital and addresses, at a minimum:

51.6(1) Access to treatment regardless of age, race, creed, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, diagnosis, or source of payment for care;

51.6(2) Preservation of individual dignity and protection of personal privacy in receipt of care;

51.6(3) Confidentiality of medical and other appropriate information;

51.6(4) Assurance of reasonable safety within the hospital;

51.6(5) Knowledge of the identity of the physician or other practitioner primarily responsible for the patient's care as well as identity and professional status of others providing services to the patient while in the hospital;

51.6(6) Nature of patient's right to information regarding the patient's medical condition unless medically contraindicated, to consult with a specialist at the patient's request and expense, and to refuse treatment to the extent authorized by law;

51.6(7) Access to and explanation of patient billings;

51.6(8) Process for patient pursuit of grievances; and

51.6(9) Patient responsibilities, including to provide accurate and complete information regarding the patient's health status; to follow recommended treatment plans; to abide by hospital rules and regulations affecting patient care and conduct and be considerate of the rights of other patients and hospital personnel; and to fulfill the patient's financial obligations as soon as possible following discharge.

481—51.7(135B) Abuse.**51.7(1) Definitions.**

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain or mental anguish. Neglect is a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

“Child abuse” means the same as defined in Iowa Code section 232.68.

“Dependent adult abuse” means the same as defined in Iowa Code section 235E.1 and 481—Chapter 52.

“Domestic abuse” means the same as defined in Iowa Code section 236.2.

“Elder abuse” means the same as defined in Iowa Code section 235F.1.

“Family or household members” means the same as defined in Iowa Code section 236.2.

51.7(2) Abuse prohibited. Each patient shall receive kind and considerate care at all times and shall be free from all forms of abuse or harassment.

a. Restraints shall be applied only when they are necessary to prevent injury to the patient or to others and shall be used only when alternative measures are not sufficient to accomplish their purposes.

b. There must be a written order signed by the attending physician approving the use of restraints either at the time they are applied or as soon thereafter as possible.

c. Careful consideration shall be given to the methods by which the restraints can be speedily removed in case of fire or other emergency.

51.7(3) Hospital response to elder abuse.

a. Each hospital shall establish and implement policies and procedures with respect to victims of elder abuse that, at a minimum, provide for:

- (1) An interview with the victim in a place that ensures privacy;
- (2) Confidentiality of the person’s treatment and information; and
- (3) Education of appropriate emergency department staff to assist in the identification of victims of elder abuse.

b. The treatment records of victims of elder abuse shall include:

- (1) An assessment of the extent of abuse to the victim specifically describing the location and extent of the injury and reported pain;
- (2) A record of the treatment and intervention by health care provider personnel;
- (3) A record of the need for follow-up care and specification of the follow-up care to be given (e.g., X-rays, surgery, consultation, similar care); and
- (4) The victim’s statement of how the injury occurred.

51.7(4) Hospital response to domestic abuse. Each hospital shall establish and implement policies and procedures with respect to victims of domestic abuse that, at a minimum, meet the requirements of paragraph 51.7(3) “a,” and also provide for sharing information regarding the domestic abuse hotline and programs. The treatment records of victims of domestic abuse shall meet the requirements of paragraph 51.7(3) “b” and also include evidence that the victim was informed of the telephone numbers for the domestic abuse hotline and domestic abuse programs and the victim’s response.

51.7(5) Mandatory reporting of child abuse and dependent adult abuse. Each hospital shall establish and implement policies and procedures with respect to the mandatory reporting of abuse pursuant to the Iowa Code. The treatment records of victims of child abuse or dependent adult abuse shall indicate that the department of health and human services’ protective services was contacted.

481—51.8(135B) Organ, tissue and eye procurement. Each hospital shall have written policies and protocols for organ, tissue and eye donation consistent with Iowa Code chapter 142C and 42 CFR 482.45 as amended to November 7, 2023, or 42 CFR 485.643 as amended to November 7, 2023.

481—51.9(135B) Nursing services.

51.9(1) The hospital shall have an organized nursing service that provides complete and efficient nursing care to each patient. The authority, responsibility and function of each nurse shall be clearly defined.

51.9(2) Registered nurses shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process is ongoing and includes:

- a. Nursing assessments about the health status of an individual or group.
- b. Formulation of a nursing diagnosis based on analysis of the data from the nursing assessment.
- c. Planning of nursing care, which includes determining goals and priorities for actions that are based on the nursing diagnosis.
- d. Nursing interventions implementing the plan of care.
- e. Evaluation of the individual's or group's status in relation to established goals and the plan of care.

51.9(3) Licensed practical nurse(s) may participate in the nursing process as described in subrule 51.9(2) consistent with accepted practice by assisting the registered nurse or physician.

51.9(4) All nurses employed in a hospital who practice nursing as a registered nurse or licensed practical nurse shall hold an active Iowa license or hold an active license in another state and be recognized for licensure in this state pursuant to the nurse licensure compact in Iowa Code section 152E.1.

51.9(5) There shall be a director of nursing service with administrative and executive competency who holds an active Iowa license or holds an active license in another state and is recognized for licensure in this state pursuant to the nurse licensure compact in Iowa Code section 152E.1.

51.9(6) Nursing management shall have had preparation courses and experience in accordance with hospital policy commensurate with the responsibility of the specific assignment.

51.9(7) All unlicensed personnel performing patient-care service shall be under the supervision of a registered nurse, have duties defined in writing by the hospital, and be instructed in all duties assigned to them.

51.9(8) The nursing service shall have adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care essential for the proper treatment, well-being, and recovery of the patient.

51.9(9) Written policies and procedures shall be established for the administrative and technical guidance of the personnel in the hospital. Each employee shall be familiar with these policies and procedures.

51.9(10) Each hospital shall have a minimum of one registered nurse on duty at all times.

481—51.10(135B) Records and reports.

51.10(1) *Medical records.* Accurate and complete medical records shall be maintained for all patients and signed by the appropriate provider. These records shall be filed and stored in an accessible manner and in accordance with the statute of limitations as specified in Iowa Code chapter 614.

51.10(2) *Hospital records.* A hospital shall maintain the following records:

- a. *Admission records.* A register of all admissions to the hospital.
- b. *Death records.* A record of all deaths in the hospital, including all information on a standard death certificate as specified in Iowa Code chapter 144.
- c. *Birth records.* A record of all births in the hospital, including all information on a standard birth certificate as specified in Iowa Code chapter 144.
- d. *Controlled substance records.* Controlled substance records in accordance with state and federal laws, rules and regulations.

51.10(3) *Electronic records.* In addition to the access provided in 481—subrule 50.10(2), an authorized representative of the department shall be provided unrestricted access to electronic records pertaining to the care provided to the patients of the hospital.

- a. If access to an electronic record is requested by the authorized representative of the department, the hospital may provide a tutorial on how to use its particular electronic system or may designate an

individual who will, when requested, access the system, respond to any questions or assist the authorized representative as needed in accessing electronic information in a timely fashion.

b. The hospital shall provide a terminal where the authorized representative may access records.

c. If the hospital is unable to provide direct print capability to the authorized representative, the hospital shall make available a printout of any record or part of a record on request in a time frame that does not intentionally prevent or interfere with the department's survey or investigation.

481—51.11(135B) Pharmaceutical service.

51.11(1) General requirements. Hospital pharmaceutical services shall be licensed in accordance with Iowa board of pharmacy rules.

51.11(2) Medication administration. All drugs and biologicals must be administered by, or under the supervision of, nursing or other trained personnel in accordance with hospital policies and procedures. The person assigned the responsibility of medication administration must complete the entire procedure by personally preparing the dose from a multiple-dose container or using a prepackaged unit dose, personally administering it to the patient, and observing the act of the medication being taken.

51.11(3) Standing orders. Standing orders for drugs may be used for specified patients when authorized by the prescribing practitioner. These standing orders shall be in accordance with policies and procedures established by the appropriate committee within each hospital. At a minimum, the standing orders shall:

a. Specify the clinical situations under which the drug is to be administered;

b. Specify the types of medical conditions of the patients for whom the standing orders are intended;

c. Be reviewed and revised by the hospital's pharmacy and therapeutics or similar committee on a regular basis as specified by hospital policies and procedures;

d. Be specific as to the drug, dosage, route, and frequency of administration; and

e. Be dated, authorized by signature or other secure electronic method by the prescribing practitioner within a period not to exceed 30 days following a patient's discharge, and included in the patient's medical record.

51.11(4) Self-administration of medications. Patients shall only be permitted to self-administer medications when specifically ordered by the prescribing practitioner and the prescribing practitioner has determined this practice is safe for the specific patient. The hospital shall develop policies and procedures regarding storage and documentation of the administration of drugs.

481—51.12(135B) Verbal orders. All verbal orders must be authenticated by the prescribing or ordering practitioner within a period not to exceed 30 days following a patient's discharge. When verbal or electronic mechanisms are used to transmit orders, the orders must be accepted only by personnel who are authorized to do so by hospital policies and procedures in a manner consistent with federal and state law.

481—51.13(135B) Radiological services.

51.13(1) The hospital must maintain, or have available, radiological services to meet the needs of the patients.

51.13(2) All radiological services shall be furnished in compliance with any applicable state law or state rules, including 641—Chapters 38 through 42.

481—51.14(135B) Laboratory service.

51.14(1) The hospital must maintain, or have available, adequate laboratory and pathology services and facilities to meet the needs of its patients. The medical staff determine which laboratory tests are necessary to be performed on site to meet the needs of the patients.

51.14(2) Emergency laboratory services must be available 24 hours a day.

51.14(3) Laboratory services must be performed in a laboratory certified and operating in accordance with 42 CFR Part 493 as amended to November 7, 2023.

481—51.15(135B) Food and nutrition service.

51.15(1) Food and nutrition service definition. “Food service” means providing safe, satisfying, and nutritionally adequate food for patients through the provision of appropriate staff, space, equipment, and supplies. “Nutrition service” means providing assessment and education to ensure that the nutritional needs of the patients are met.

51.15(2) General requirements.

a. All food will be handled, prepared, served, and stored in accordance with the Food Code adopted under provisions of Iowa Code section 137F.2.

b. The food and dietetic services shall be of a quality and quantity to meet the patient’s needs in accordance with any qualified health practitioner’s orders and meet the standards set forth in 42 CFR 482.28 as amended to November 7, 2023. Patient food preferences should be respected as much as possible, and substitutes offered through use of appropriate food groups.

c. Policies and procedures shall be developed and maintained.

d. Not less than three meals will be served daily unless contraindicated, and not more than 14 hours will elapse between the evening meal and breakfast of the following day. Nourishment between meals will be available to all patients unless contraindicated by the qualified health care practitioner.

e. The hospital will maintain adequate space, equipment, and staple food supplies to provide patient food service in emergencies.

f. Menus for regular and therapeutic diets will be available and standardized recipes with nutritional analysis adjusted to number of portions will be maintained and used in food preparation.

g. Food shall be prepared by methods that conserve nutritive value, flavor, and appearance. Food shall be served attractively at appropriate and safe temperatures and in a form to meet individual needs.

h. Nutrition screening will be conducted by qualified hospital staff to determine the patient’s need for a comprehensive nutrition assessment by the licensed dietitian. Nutritional care will be integrated in the patient care plan, as appropriate, based upon the patient’s diagnosis and length of stay. The licensed dietitian will record in the patient’s medical record any observations and information pertinent to medical nutrition therapy, and any pertinent dietary records will be included in the patient’s transfer discharge record to ensure continuity of nutritional care. Upon discharge, nutrition counseling and education will be provided to the patient and family as ordered by the qualified health care practitioner, requested by the patient or deemed appropriate by the licensed dietitian.

i. In-service training, in accordance with hospital policies, will be provided for all food and nutrition service personnel.

j. On the nursing units, a separate patient food storage area will be maintained that ensures proper temperature control.

51.15(3) Food and nutrition service staff.

a. A licensed dietitian will be employed on a full-time, part-time or consulting basis, with any part-time or consultant services provided on the premises at appropriate times on a regularly scheduled basis. These services shall be of sufficient duration and frequency to provide continuing liaison with medical and nursing staff, advice to the administrator, patient counseling, guidance to the supervisor and staff of the food and nutrition service, approval of all menus, and participation in the development or revision of departmental policies and procedures and in planning and conducting in-service education programs.

b. If a licensed dietitian is not employed full-time, then one must be employed on a part-time or consultation basis with an additional full-time person who has completed a certified dietary manager course and is employed to be responsible for the operation of the food service.

c. Sufficient food service personnel will be employed, oriented, trained, and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the food service areas.

51.15(4) Food service equipment and supplies. Equipment necessary for preparation and maintenance of menus, records, and references will be provided. At least one week’s supply of staple foods and a reasonable supply of perishable foods shall be maintained on the premises. Supplies will be appropriate to meet the requirements of the menu.

481—51.16(135B) Equipment for patient care. Hospital equipment shall be selected, maintained and utilized in accordance with the manufacturer's specifications and the needs of the patients.

481—51.17(135B) Infection control. There shall be proper policies and procedures for the prevention and control of communicable diseases, including compliance with the current rules for the control of communicable disease as provided by the Iowa department of health and human services and current Centers for Disease Control and Prevention (CDC) guidelines for isolation precautions.

51.17(1) Segregation. There shall be proper arrangement of areas, rooms and patients' beds to provide for the prevention of cross-infections and the control of communicable diseases. There shall also be proper cleansing of rooms and surgeries immediately following the care of a communicable case and utilization of proper isolation techniques for patients and staff to prevent cross-infection.

51.17(2) Visitors. The hospital shall establish proper policies and procedures for the control of visitors to all services in the hospital.

51.17(3) Health assessments. Health assessments for all contracted or employed personnel who provide direct services shall be required at the commencement of employment and thereafter at least every four years.

a. "Direct services" means services provided through person-to-person contact. "Direct services" excludes services provided by individuals such as building contractors, repair workers, or others who are in the hospital for a very limited purpose, who are not in the hospital on a regular basis, and who do not provide any treatment or services for the patients of the hospital.

b. The health assessment may be performed by the person's primary care provider.

c. The health assessment shall include, at a minimum, vital signs and an assessment for infectious or communicable diseases.

d. Screening and testing for tuberculosis shall be conducted pursuant to 481—Chapter 59.

51.17(4) Notification. Prior to removal of a deceased resident/patient from a facility, the funeral director or person responsible for transporting the body shall be notified by the facility staff of any special precautions that were followed by the facility having to do with the mode of transmission of a known or suspected communicable disease.

481—51.18(135B) Surgical services. All hospitals providing surgical services shall be properly organized and equipped to provide for the safe and aseptic treatment of surgical patients.

51.18(1) Written policies and procedures governing surgical services shall be developed and implemented in consultation with the hospital's medical staff and, at a minimum, provide for:

a. Surgical services under the direction of a qualified doctor of medicine or osteopathy.

b. Delineation of the privileges and qualifications of individuals authorized to provide surgical services as set forth in the hospital's medical staff bylaws and in accordance with subrule 51.5(4), including a periodic review and update of surgical privileges not to exceed every three years or other term permitted by an accrediting organization approved by CMS for federal certification, whichever is longer. The surgical service must maintain a roster of these individuals specifying the surgical privileges of each.

c. Immediate availability of at least one registered nurse for the operating room suites to respond to emergencies.

d. The qualifications and job descriptions of nursing personnel, surgical technicians, and other support personnel and continuing education required.

e. Appropriate staffing for surgical services, including physician and anesthesia coverage and other support personnel.

f. Availability of ancillary services for surgical patients, including but not limited to blood banking, laboratory, radiology, and anesthesia.

g. Infection control and disease prevention, including aseptic surveillance and practice, identification of infected and noninfected cases, sterilization and disinfection procedures, and ongoing monitoring of infections and infection rates.

h. Housekeeping requirements.

- i.* Safety practices.
- j.* Ongoing quality assessment, performance improvement, and process improvement.
- k.* The pathological examination of tissue specimens either directly or through contractual arrangements.
- l.* Appropriate preoperative teaching and discharge planning.

51.18(2) Policies and procedures may be adjusted as appropriate to reflect the provision of surgical services in inpatient, outpatient or one-day surgical settings.

51.18(3) There must be an appropriate history and physical workup documented and a properly executed consent form in the chart of each patient prior to surgery, except in the event of an emergency.

51.18(4) A full operative report must be written or dictated within 24 hours following surgery and signed by the individual conducting the surgery.

51.18(5) Equipment available in the operating room, recovery room, outpatient surgical areas, and for postsurgical care must be consistent with the needs of the patient.

481—51.19(135B) Anesthesia services.

51.19(1) There shall be written policies and procedures governing anesthesia services that are consistent with the needs and resources of the hospital. Written policies and procedures governing anesthesia services shall be developed and implemented in consultation with the hospital's medical staff and, at a minimum, provide for:

- a.* Anesthesia services under the direction of a qualified doctor of medicine or osteopathy.
- b.* The qualifications of individuals authorized to administer anesthesia as set out in the hospital's medical staff bylaws or medical staff rules and regulations.
- c.* Preanesthesia evaluation, appraisal of a patient's current condition, preparation of an intraoperative anesthesia record, and discharge criteria for patients.
- d.* Equipment functioning and safety, including ensuring that a qualified medical doctor, osteopathic physician and surgeon or anesthesiologist checks, prior to the administration of anesthesia, the readiness, availability, cleanliness, and working condition of all equipment to be used in the administration of anesthetic agents and minimizing electrical hazard in anesthesia areas.
- e.* Quality assurance, including infection control procedures; integration of anesthesia services into various areas of the hospital; and ongoing monitoring, review, and evaluation of anesthesia services, processes, and procedures.

51.19(2) Policies and procedures may be adjusted as appropriate to reflect provision of anesthesia services in inpatient or outpatient settings.

481—51.20(135B) Emergency services.

51.20(1) All hospitals shall provide for emergency service that offers reasonable care within the medical capabilities of the facility in determining whether an emergency exists, renders care appropriate to the facility and, at a minimum, renders lifesaving first aid and makes appropriate referral to a facility that is capable of providing needed services.

51.20(2) The hospital shall have written policies and procedures specifying the scope and conduct of patient care to be provided in the emergency service. The policies shall:

- a.* Provide for training of all personnel providing patient care in the emergency service.
- b.* Require that a medical record be kept on every patient given treatment in the emergency service and establish the medical record documentation. The documentation should include, at a minimum, appropriate information regarding the medical screening provided, except where the person refuses, then notation of patient refusal; physician documentation of the presence or absence of an emergency medical condition or active labor; physician documentation of transfer or discharge, stating the basis for transfer or discharge; and, where transfer occurs, identity of the facility of transfer, acceptance of the patient by the facility of transfer, and means of transfer of the patient.

481—51.21(135B) Obstetric and neonatal services. All hospitals providing obstetrical care shall be properly organized and equipped to provide accommodations for mothers and newborn infants. The supervision of the maternity area shall be under the direction of a qualified registered nurse.

481—51.22(135B) Pediatric services. All hospitals providing pediatric care shall be properly organized and equipped to provide appropriate accommodations for children. The supervision of the pediatric area shall be under the direction of a qualified registered nurse.

481—51.23(135B) Psychiatric services.

51.23(1) General requirements. Any hospital operating as a psychiatric hospital or operating a psychiatric unit shall:

a. Be a hospital or unit primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of persons with psychiatric illnesses/disorders;

b. Comply with the requirements of this chapter applicable to hospitals. If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital shall have an agreement with an outside source of these services to ensure they are immediately available;

c. Have policies and procedures for informing patients of their rights and responsibilities and for ensuring the availability of a patient advocate; and

d. Have sufficient numbers of qualified professionals and support staff to evaluate patients, formulate written individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning.

51.23(2) Personnel.

a. Director of inpatient psychiatric services. The director of inpatient psychiatric services shall be a doctor of medicine or osteopathy qualified to meet the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

b. Director of psychiatric nursing services. The director of psychiatric nursing services shall:

(1) Be a registered nurse who has a master's degree in psychiatric or mental health nursing;

(2) Be an advanced registered nurse practitioner certified in psychiatric or mental health nursing;

or

(3) Be qualified by education and two years' experience in the care of persons with mental disorders.

c. Psychological services. Psychological services shall be provided or available that are in compliance with Iowa Code chapter 154B.

d. Social services. Social services shall provide, or have available by contract, at least one staff member who has:

(1) A master's degree from an accredited school of social work; or

(2) A bachelor's degree in social work with two years' experience in the care of persons with mental disorders.

e. Therapeutic services. Therapeutic activities shall be provided by qualified therapists. The activities shall be appropriate to the needs and interests of the patients.

51.23(3) Individual written plan of care. An individual written plan of care shall be developed by an interdisciplinary team of a physician and other personnel who are employed by, or who provide service under contract to patients in, the facility. The plan of care shall:

a. Be based on a diagnostic and psychiatric evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the patient. The initial diagnostic and psychiatric evaluation shall be completed within 60 hours of admission;

b. Be developed by an interdisciplinary team in consultation with the patient, the patient's legal guardian, and others who are currently providing services or who will provide care upon discharge;

c. State treatment objectives through measurable and obtainable outcomes;

- d. Prescribe an integrated program of therapies, activities, and experiences designed to meet those objectives;
- e. Include an appropriate postdischarge plan with coordination of services to provide continuity of care following discharge; and
- f. Be reviewed as needed by the interdisciplinary team for the continued appropriateness of the plan and for a determination of needed changes.

481—51.24(135B) Long-term care service.

51.24(1) Long-term care service definition. Long-term care service means any building or distinct part of a building utilized by the hospital for the provision of a service, except as provided by subrule 51.24(2), that would fall within the definition of a health care facility in Iowa Code chapter 135C if it was not operating as part of a hospital licensed under Iowa Code chapter 135B as amended by 2023 Iowa Acts, Senate File 75.

51.24(2) Long-term care service general requirements. The general requirements for the hospital's long-term care service are the same as required by Iowa Code chapter 135C or rules promulgated thereunder for the category of health care facility involved. Exceptions to those rules requiring distinct parts to be established may be waived where it is found to be in the best interest of the long-term care resident and of no detriment to the patients in the hospital. Requests for waivers to other applicable rules may be made in accordance with the appropriate health care facility rules.

51.24(3) Long-term care service staff. Where a hospital operates a freestanding nursing care facility, it shall be under the administrative authority of a licensed nursing home administrator who will be responsible to the hospital's administrator. Where a hospital operates a distinct part long-term care unit under the hospital license, a licensed nursing home administrator is not required. Other staffing requirements for the hospital's long-term care service are the same as required by Iowa Code chapter 135C or rules promulgated thereunder.

481—51.25(135B) Criminal, dependent adult abuse, and child abuse record checks. The requirements for criminal, dependent adult abuse, and child abuse records checks applicable to health care facilities set forth in rule 481—50.9(135C) are applicable to hospitals.

481—51.26(135B) Minimum standards for construction.

51.26(1) Minimum standards. The following construction standards are applicable to hospitals and off-site premises licensed under this chapter:

- a. Construction shall be in accordance with the standards set forth in the Guidelines for Design and Construction of Hospitals, 2018 edition, published by the Facility Guidelines Institute.
- b. Existing hospitals and off-site premises built in compliance with prior editions of the hospital construction guidelines will be deemed in compliance with subsequent regulations, with the exception of any new structural renovations, additions, functional alterations, or changes in utilization to existing facilities, which shall meet the standards specified in this subrule.
- c. The design and construction of a hospital or off-site premises shall be in conformance with 661—Chapter 205.
- d. In jurisdictions without a local building code enforcement program, the construction shall be in conformance with the state building code, as authorized by Iowa Code section 103A.7, in effect at the time of plan submittal for review and approval. In jurisdictions with a local building code enforcement program, local building code enforcement must include both the adoption and enforcement of a local building code through plan reviews and inspections.
- e. If an applicable requirement of 661—Chapter 205 is inconsistent with an applicable requirement of the state building code, the hospital or off-site premises is deemed to be in compliance with the state building code requirement if the requirement of 661—Chapter 205 is met.

51.26(2) Submission of construction documents. Submissions shall comply with rule 661—300.4(103A). The responsible design professional shall certify that the building plans meet the

requirements specified in subrule 51.26(1), unless a waiver has been granted pursuant to subrule 51.26(3).

51.26(3) Waivers. Requests for waiver may be submitted to the department in accordance with 481—Chapter 6. Any waiver granted is limited to the specific project under consideration and does not establish a precedent for similar acceptance in other cases. The request must demonstrate how patient safety and the quality of care offered will not be compromised by the waiver. In determining whether a waiver request will be granted, the director will consider the following:

- a. Whether the design and planning for the specific property offers improved or compensating features to provide equivalent desirability and utility;
- b. Whether alternate or special construction methods, techniques, and mechanical equipment offer equivalent durability, utility, health, and safety;
- c. Whether the health, safety or welfare of any patient is endangered;
- d. Occupancy and function of the building; and
- e. The type of licensing.

481—51.27(135B) Critical access hospitals. Critical access hospitals shall meet the federal conditions of participation as a critical access hospital as described in 42 CFR Part 485, Subpart F, as amended to November 7, 2023, and any federal interpretive guidelines. The requirements of this chapter applicable to hospitals are generally applicable to critical access hospitals unless compliance would be inconsistent with 42 CFR Part 485, Subpart F, as amended to November 7, 2023, and any interpretive guidelines. If swing-bed approval has been granted, all 25 beds may be used interchangeably for acute or skilled nursing facility level of care services.

481—51.28(135B) Rural emergency hospitals. Rural emergency hospitals shall meet the federal conditions of participation for rural emergency hospitals, as set forth in 42 CFR Part 485, Subpart E, as amended to January 1, 2023, and any federal interpretive guidelines. The requirements of this chapter applicable to hospitals are generally applicable to rural emergency hospitals unless compliance would be inconsistent with 42 CFR Part 485, Subpart E, as amended to January 1, 2023, and any federal interpretive guidelines.

481—51.29(135B) Specialized hospitals. A specialized hospital shall meet the requirements for a general hospital. The diagnosis, treatment or care at a specialized hospital shall be administered by or performed under the direction of persons especially qualified in the diagnosis and treatment of the particular illness, injury, or infirmity.

These rules are intended to implement Iowa Code section 135B.3A as enacted by 2023 Iowa Acts, Senate File 75, and sections 135B.7 and 135B.7A as amended by 2023 Iowa Acts, Senate File 75.

Regulatory Analysis

Notice of Intended Action to be published: Iowa Administrative Code rules 641—95.6(144) and 641—99.14(144)
“Certificate of Live Birth Following Adoption”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 144.13
State or federal law(s) implemented by the rulemaking: 2023 Iowa Acts, Senate File 517

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

December 20, 2023
10 a.m. to 12 noon

Via video/conference call:
meet.google.com/fpq-bkvo-ypn

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis. Written or oral comments in response to this Regulatory Analysis must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Joe Campos
Phone: 515.304.0963
Email: joe.campos@idph.iowa.gov

Purpose and Summary

The purpose of the proposed amendments is to allow an adopted adult to reestablish an original birth certificate in order to add an omitted biological parent.

Analysis of Impact

1. Persons affected by the proposed rulemaking:
 - Classes of persons that will bear the costs of the proposed rulemaking:
Adopted individuals filing for a birth certificate will bear the costs.
 - Classes of persons that will benefit from the proposed rulemaking:
Adopted individuals and families wishing to have omitted parents represented on birth certificates will benefit.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:
 - Quantitative description of impact:
The economic impact will be minimal. The Department anticipates 50 applicants within five years. Total revenue is anticipated to be \$750 over five years.
 - Qualitative description of impact:
The Department discerns an increased connection to family.

3. Costs to the State:
 - Implementation and enforcement costs borne by the agency or any other agency:
Not applicable.
 - Anticipated effect on state revenues:
Not applicable.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

The Department is proposing this rulemaking to the level required by recent legislation pursuant to 2023 Iowa Acts, Senate File 517.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

There are no identified less costly methods for achieving this purpose. The cost associated with this process is identical to all other birth certificate applications. All methods for obtaining information are as delineated in Senate File 517 enacted July 1, 2023.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:

There were no alternative methods seriously considered by the agency because current processes are pursuant to the Iowa Code. Alternatives will be examined and discussed when this chapter is up for full red tape review.

- Reasons why alternative methods were rejected in favor of the proposed rulemaking:

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

There is no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Amend paragraph **95.6(1)“b”** as follows:

b. The state registrar shall charge a fee of \$15 to prepare an adoption certificate, amend a certificate, amend a certificate of live birth to reflect a legal change of name, prepare a delayed certificate, process other administrative or legal actions, prepare a noncertified copy of an original certificate of birth pursuant to Iowa Code section 144.23A as enacted by 2023 Iowa Acts, Senate File 517, section 1, and section 144.24A, or prepare copies of supporting documents on file in the state registrar's office. No fee shall be charged for establishment of paternity.

ITEM 2. Amend rule 641—99.14(144) as follows:

641—99.14(144) Establishment of new certificate of live birth following adoption.

99.14(1) to 99.14(4) No change.

99.14(5) In accordance with Iowa Code section 144.23A as enacted by 2023 Iowa Acts, Senate File 517, section 1, an adopted person may apply to the state registrar to have the adopted person's original certificate of birth prior to adoption reestablished to include the name of an omitted biological parent.

~~99.14(5)~~ 99.14(6) The new certificate of live birth after adoption shall not be on file at the county registrar's office.

~~99.14(6)~~ 99.14(7) The state registrar shall reveal the date of the adoption and the name and address of the court that issued the adoption decree upon the receipt of a completed, notarized Revelation of County of Adoption form from an adult adopted person, a biological parent, an adoptive parent, or the legal representative of the adult adopted person, the biological parent, or the adoptive parent pursuant to Iowa Code section 144.24.

~~99.14(7)~~ 99.14(8) Administrative and certified copy fees shall be charged and remitted pursuant to rule 641—95.6(144).

Regulatory Analysis

Notice of Intended Action to be published: Iowa Administrative Code 641—Chapter 106
“State-Funded Family Medicine Obstetrics Fellowship Program”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 135.182 as enacted by 2023 Iowa Acts,
Senate File 561, section 67

State or federal law(s) implemented by the rulemaking: 2023 Iowa Acts, Senate File 561

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

December 20, 2023
10 a.m. to 12 noon

Via video/conference call:
meet.google.com/nkg-jzin-yvp

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis. Written or oral comments in response to this Regulatory Analysis must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Joe Campos
Phone: 515.304.0963
Email: joe.campos@idph.iowa.gov

Purpose and Summary

The purpose of this proposed new chapter is to allow Iowa teaching hospitals to participate in a family medicine obstetrics fellowship program. Participating hospitals are eligible to apply for reimbursement for the cost of training and teaching the fellows.

Analysis of Impact

1. Persons affected by the proposed rulemaking:
 - Classes of persons that will bear the costs of the proposed rulemaking:
Teaching hospitals/medical systems will bear the costs if there are costs additional to reimbursement rates.
 - Classes of persons that will benefit from the proposed rulemaking:
Rural Iowans will benefit.
2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:
 - Quantitative description of impact:
Costs borne by the State are as enumerated in 2023 Iowa Acts, Senate File 561.
 - Qualitative description of impact:
The qualitative impact will be increased medical service providers in rural and underserved areas of the state, and better outcomes for rural Iowans.
3. Costs to the State:
 - Implementation and enforcement costs borne by the agency or any other agency:
Costs borne by the State are as enumerated in Senate File 561.
 - Anticipated effect on state revenues:

Not applicable.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

The Department is proposing this rulemaking to the level required by recent legislation, specifically Senate File 561. The cost of inaction is potential increase of poor outcomes for rural Iowans.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

The Department is proposing this rulemaking to the level required by Senate File 561. There are no identified less costly methods for achieving this purpose. The costs associated with this process for hospitals and medical systems remain the same, but the process creates an avenue for those hospitals and medical systems to receive reimbursement for the cost of training throughout the family medicine obstetrics fellowship.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:

There were no alternative methods seriously considered by the agency because current processes are pursuant to the Iowa Code.

- Reasons why alternative methods were rejected in favor of the proposed rulemaking:

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

Not applicable.

Text of Proposed Rulemaking

ITEM 1. Adopt the following **new** 641—Chapter 106:

CHAPTER 106

STATE-FUNDED FAMILY MEDICINE OBSTETRICS FELLOWSHIP PROGRAM

641—106.1(135) Definitions.

“*Rural area*” means all nonmetropolitan (metro) counties and all metro census tracts with rural-urban commuting area (RUCA) codes 4 through 10. The U.S. Department of Agriculture’s (USDA’s) Economic Research Service (ERS) creates RUCA codes using U.S. Census data.

“*Underserved area*” means an area, population group, or facility designated by the U.S. Department of Health and Human Services as a health professional shortage area for primary care.

641—106.2(135) Fellowship cost reimbursement to participating teaching hospital.

106.2(1) A teaching hospital may apply to the department of health and human services through a request for proposal (RFP) process if the teaching hospital intends to administer an obstetrics (OB) fellowship program and request reimbursement for expenses from the family medicine OB fellowship program fund. After the first RFP, RFPs will be posted as needed based on expressed interest from additional teaching hospitals.

106.2(2) A participating teaching hospital, which has been accepted into the family medicine OB fellowship program through the RFP process, may submit a reimbursement claim to the department for a fellow who has completed the requirements in Iowa Code section 135.182 as enacted by 2023 Iowa Acts, Senate File 561, section 67. A copy of the five-year program agreement must be submitted to the department for verification of the required five years of service in a rural or underserved area.

106.2(3) Subject to availability, funds from the family medicine OB fellowship program fund shall be used in accordance with Iowa Code section 135.182 as enacted by 2023 Iowa Acts, Senate File 561, section 67, and reimbursement will be no greater than the lesser of the amount of funds expended by the teaching hospital on the OB fellow or \$140,000 per fellow.

106.2(4) If the department receives more claims than funds available, the department will maintain a wait list of eligible fellows and will manage reimbursements to a participating teaching hospital for eligible fellows’ claims on a first-come, first-served basis. The department will reimburse a participating teaching hospital for eligible fellows who are on the wait list if additional funds become available.

106.2(5) A participating teaching hospital shall return prorated funds to the department if a fellow does not meet the requirements of Iowa Code section 135.182 as enacted by 2023 Iowa Acts, Senate File 561, section 67. The amount of returned funds shall be directly proportional to the portion of the five-year service not completed by the OB fellow.

These rules are intended to implement Iowa Code section 135.182 as enacted by 2023 Iowa Acts, Senate File 561, section 67.

ARC 7126C

STATE PUBLIC DEFENDER[493]**Notice of Intended Action****Proposing rulemaking related to claims for indigent defense services
and providing an opportunity for public comment**

The State Public Defender hereby proposes to amend Chapter 12, “Claims for Indigent Defense Services,” Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code section 13B.4(8).

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code sections 815.7(6), 815.7(7) and 815.7(7A) as amended by 2023 Iowa Acts, Senate File 562, and section 815.7A as enacted by 2023 Iowa Acts, Senate File 562.

Purpose and Summary

The purpose of the proposed rulemaking is to remove portions of the current administrative rules that became obsolete, outdated, inconsistent, and incompatible with the new statutory enactments in 2023 Iowa Acts, Senate File 562. The legislation increases the hourly rate for payment of claims from the Indigent Defense Fund for attorney and guardian ad litem fees and allows payment for associated travel time in situations where payment had not been allowed prior to the legislative change.

Fiscal Impact

The estimated annual cost of the increase in the hourly rate of the fees for attorneys and guardians ad litem will be approximately \$2,600,000. The estimated annual cost of the increase in travel time allowed will be approximately \$1,500,000.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the State Public Defender for a waiver of the discretionary provisions, if any, pursuant to 493—Chapter 6.

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rulemaking must be received by the State Public Defender no later than 4:30 p.m. on December 19, 2023. Comments should be directed to:

Kurt Swaim
Office of State Public Defender
Iowa Department of Inspections, Appeals, and Licensing
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321
Phone: 515.218.2445
Email: kswaim@spd.state.ia.us

Public Hearing

STATE PUBLIC DEFENDER[493](cont'd)

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rulemaking may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind subrule 12.4(1) and adopt the following **new** subrule in lieu thereof:

12.4(1) Unless the attorney has a contract that provides for a different manner or rate of payment, reasonable compensation for the payment of all claims for cases in which the attorney has been appointed shall be calculated on the basis of the hourly rate specified in Iowa Code section 815.7 applicable to the type of case and for the fiscal year during which the appointment was made for attorney or guardian ad litem time, and on the basis of the hourly rate of \$25 per hour for paralegal time to the extent paralegal time is payable under these rules.

ITEM 2. Amend subrule 12.5(4) as follows:

12.5(4) Travel time. Time spent by an attorney or guardian ad litem traveling is only payable at the full hourly rate provided in subrule 12.4(1) when the travel is reasonable and necessary to represent the indigent client and the attorney or guardian ad litem is traveling:

a. to j. No change.

Otherwise, travel time for an attorney or guardian ad litem is only payable at the rate and in the manner provided in Iowa Code section 815.7A as enacted by 2023 Iowa Acts, Senate File 562. For all uncontested hearings, the attorney or guardian ad litem must file an application for a remote hearing to be entitled to travel time. If the court denies the application, the attorney or guardian ad litem must submit a copy of the application and the denial order with the claim for payment of travel time. If the client wishes to have an uncontested hearing in person, and the attorney or guardian ad litem has no other reason to request an in-person hearing other than to be paid for travel time to attend the hearing in person in view of the client’s request, the request for hearing shall be sent to the state public defender at claims@spd.state.ia.us. No application is required to be filed for contested hearings, but the travel time must be clearly identified as being for a contested hearing in the description of the travel on the claim. Travel time payable at any hourly rate counts toward the maximum daily hours allowed pursuant to subrule 12.5(1). No amount is payable for travel time at any hourly rate if the time is otherwise being paid at the full hourly rate provided in subrule 12.4(1).

TREASURER OF STATE

Notice—Public Funds Interest Rates

In compliance with Iowa Code chapter 74A and section 12C.6, the committee composed of Treasurer of State Roby Smith, Superintendent of Credit Unions Katie Averill, Superintendent of Banking Jeff Plagge, and Auditor of State Rob Sand has established today the following rates of interest for public obligations and special assessments. The usury rate for November is 6.50%.

TREASURER OF STATE[781](cont'd)

INTEREST RATES FOR PUBLIC OBLIGATIONS AND ASSESSMENTS

74A.2 Unpaid Warrants	Maximum 6.0%
74A.4 Special Assessments	Maximum 9.0%

RECOMMENDED Rates for Public Obligations (74A.3) and School District Warrants (74A.7). A rate equal to 75% of the Federal Reserve monthly published indices for U.S. Government securities of comparable maturities. All Financial Institutions as defined by Iowa Code section 12C.1 are eligible for public fund deposits as defined by Iowa Code section 12C.6A.

The rate of interest has been determined by a committee of the state of Iowa to be the minimum interest rate that shall be paid on public funds deposited in approved financial institutions. To be eligible to accept deposits of public funds of the state of Iowa, a financial institution shall demonstrate a commitment to serve the needs of the local community in which it is chartered to do business. These needs include credit services as well as deposit services. All such financial institutions are required to provide the committee with a written description of their commitment to provide credit services in the community. This statement is available for examination by citizens.

New official state interest rates, effective November 9, 2023, setting the minimums that may be paid by Iowa depositories on public funds are listed below.

TIME DEPOSITS

7-31 days	Minimum .05%
32-89 days	Minimum .05%
90-179 days	Minimum 1.90%
180-364 days	Minimum 1.50%
One year to 397 days	Minimum 1.80%
More than 397 days	Minimum 1.30%

These are minimum rates only. All time deposits are four-tenths of a percent below average rates. Public body treasurers and their depositories may negotiate a higher rate according to money market rates and conditions.

Inquiries may be sent to Roby Smith, Treasurer of State, State Capitol, Des Moines, Iowa 50319.

USURY

In accordance with the provisions of Iowa Code section 535.2, subsection 3, paragraph “a,” the Superintendent of Banking has determined that the maximum lawful rate of interest shall be:

December 1, 2022 — December 31, 2022	6.00%
January 1, 2023 — January 31, 2023	6.00%
February 1, 2023 — February 28, 2023	5.50%
March 1, 2023 — March 31, 2023	5.50%
April 1, 2023 — April 30, 2023	5.75%
May 1, 2023 — May 31, 2023	5.75%
June 1, 2023 — June 30, 2023	5.50%

USURY(cont'd)

July 1, 2023 — July 31, 2023	5.50%
August 1, 2023 — August 31, 2023	5.75%
September 1, 2023 — September 30, 2023	6.00%
October 1, 2023 — October 31, 2023	6.25%
November 1, 2023 — November 30, 2023	6.50%
December 1, 2023 — December 31, 2023	6.75%

ARC 7125C**UTILITIES DIVISION[199]****Notice of Intended Action****Proposing rulemaking related to procedure for determining the competitiveness of a communications service or facility and providing an opportunity for public comment**

The Utilities Board hereby proposes to rescind Chapter 5, “Procedure for Determining the Competitiveness of a Communications Service or Facility,” Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code chapter 476.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 476.1D.

Purpose and Summary

Chapter 5 currently contains the Board’s procedure for determining the competitiveness of a communications service or facility. This chapter is proposed to be rescinded and reserved because the existing Chapter 5 merely restates and references existing statutes.

The Board issued an order on November 3, 2023, commencing this rulemaking. The order is available on the Board’s electronic filing system, efs.iowa.gov, under RMU-2023-0005.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

No waiver provision is included in the proposed amendment because the Board has a general waiver provision in rule 199—1.3(17A,474,476) that provides procedures for requesting a waiver of the Board’s rules.

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rulemaking must be received by the Board no later than 4:30 p.m. on December 21, 2023. Comments should be directed to:

IT Support
Iowa Utilities Board
Phone: 515.725.7300
Email: ITSupport@iub.iowa.gov

UTILITIES DIVISION[199](cont'd)

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

December 19, 2023 9 to 10 a.m.	Board Hearing Room 1375 East Court Avenue Des Moines, Iowa
December 20, 2023 9 to 10 a.m.	Board Hearing Room 1375 East Court Avenue Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind and reserve **199—Chapter 5**.

ARC 7124C**UTILITIES DIVISION[199]****Notice of Intended Action****Proposing rulemaking related to complaint procedures and providing an opportunity for public comment**

The Utilities Board hereby proposes to rescind Chapter 6, "Complaint Procedures," Iowa Administrative Code, and to adopt a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code chapter 476.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 476.83.

Purpose and Summary

Chapter 6 is intended to describe the process under Iowa Code sections 476.3 and 476.83 for a person to file a complaint with the Board against a utility. The Board is proposing to rescind and repromulgate Chapter 6 because it contains unnecessary and restrictive language the Board has proposed to reduce.

The Board issued an order on November 2, 2023, commencing this rulemaking. The order is available on the Board's electronic filing system, efs.iowa.gov, under RMU-2023-0006.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

UTILITIES DIVISION[199](cont'd)

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

No waiver provision is included in the proposed amendments because the Board has a general waiver provision in rule 199—1.3(17A,474,476) that provides procedures for requesting a waiver of the rules in Chapter 6.

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rulemaking must be received by the Board no later than 4:30 p.m. on January 8, 2024. Comments should be directed to:

IT Support
Iowa Utilities Board
Phone: 515.725.7300
Email: ITSupport@iub.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

December 19, 2023 9 to 10 a.m.	Board Hearing Room 1375 East Court Avenue Des Moines, Iowa
January 8, 2024 1 to 2 p.m.	Board Hearing Room 1375 East Court Avenue Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 199—Chapter 6 and adopt the following **new** chapter in lieu thereof:

CHAPTER 6
COMPLAINT PROCEDURES

199—6.1(476) General inquiries. Any person may seek assistance from the Iowa utilities board by appearing in person at the board's office at 1375 East Court Avenue, Des Moines, Iowa 50319-0069; by mailing an inquiry to the board's office; by placing a telephone call to the board's customer service bureau at 515.725.7300 or toll-free 877.565.4450; by sending an inquiry by email to customer@iub.iowa.gov; or by contacting the agency through any other means. If the inquiry is not resolved after board staff has obtained additional information, the person making the inquiry may escalate the inquiry to a written

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complaint by requesting an informal investigation pursuant to rule 199—6.2(476) and Iowa Code section 476.3.

199—6.2(476) Informal complaint procedures. Any person may submit a written complaint to the board requesting a determination of the reasonableness of rates, charges, schedules, service, regulations, or anything done or not done by a public utility for those services or rates subject to regulation by the board. “Person” as used in this chapter shall have the same definition as defined in Iowa Code section 4.1(20).

6.2(1) Information to be filed. The written complaint should include the following information:

a. The name of the utility involved, any utility personnel known or believed to be familiar with the facts stated in the complaint, and the location of the office of the utility where the complaint was originally made and processed.

b. The name of the complainant. If the complaint is being made on behalf of a person other than the complainant, an affidavit from the person upon whose behalf the complaint is being made, attesting to the accuracy of the complaint, should be included. A complaint filed by an organization on behalf of its members shall include an affidavit signed by an attorney for, or an officer of, the organization.

c. The address, or addresses, of the premises where the service, billing problems, or other actions occurred. If the complainant resides at a different address, the complaint shall also state where a response to the complaint is to be mailed. The complainant shall provide a telephone number and, if available, an email address where the complainant can be reached.

d. The nature of the complaint, and efforts made to resolve the matter. Bills, correspondence, or other relevant documents should be included if the documents will aid the board’s understanding of the utility’s action or practice about which the complaint is made. If known, references to statutes or rules believed to govern the outcome of the complaint should be included. Also, a description of the efforts made by the complainant to resolve the complaint with the utility should be included. The complainant should contact the utility to attempt to resolve the complaint prior to submitting a complaint to the board.

e. A proposal for resolving the complaint. The proposal should refer to any known statutes, board orders, or rules that support the resolution proposed by the complainant.

6.2(2) Request for additional information. If board staff determines that additional information is needed prior to forwarding the complaint to the utility, the complainant will be notified that specified additional information is needed. If the requested additional information is not provided within ten days, the complaint may be dismissed. Dismissal of the complaint on this basis does not prevent the complainant from filing in the future a complaint that includes the requested information.

199—6.3(476) Processing the informal complaint. When the board receives a written complaint that includes the necessary information outlined in rule 199—6.2(476), board staff shall initiate the informal complaint process by opening an investigation into the complaint and assigning the informal complaint a file number.

6.3(1) Within ten days after receipt of the written complaint, or of any additional information requested, board staff shall forward to the public utility and the consumer advocate the complaint and any additional information provided by the complainant.

6.3(2) The utility shall respond to the complaint within 20 days of receipt and send a copy of its response to the complainant and the consumer advocate. Prior to the date the response is due, the utility may request an extension of time to respond to the complaint. Within five days, board staff shall notify the utility, the complainant, and the consumer advocate whether the request for an extension is granted and of the length of the extension.

6.3(3) The utility shall specifically address each allegation made by the complainant and provide any supporting facts, statutes, rules, board orders, or tariff provisions supporting its response. The utility shall include copies of all related letters, records, or other documents not supplied by the complainant, and all records concerning the complainant that are not confidential or privileged. In cases involving confidential or privileged records, the response shall advise of the records’ existence.

UTILITIES DIVISION[199](cont'd)

199—6.4(476) Proposed resolution of an informal complaint.

6.4(1) After the utility's response is received, board staff may request additional information deemed necessary to complete the investigation and resolve the complaint. When all necessary information has been received and the investigation is complete, board staff shall, within 30 days, send a letter with a proposed resolution of the complaint to the complainant, the utility, and the consumer advocate. Staff shall notify the complainant, the utility, and consumer advocate when the investigation is complete and the 30-day time period to issue a proposed resolution commences.

6.4(2) In the proposed resolution, board staff shall inform the parties of their right to request formal proceedings. The complainant, utility, and consumer advocate have 14 days after the date the proposed resolution is issued to file a request for a formal proceeding. If no party files a request for formal proceeding within 14 days pursuant to subrule 6.5(1), the proposed resolution is binding.

6.4(3) After the proposed resolution is issued, the complainant, utility, or consumer advocate may request in writing within 14 days that board staff reopen the investigation regarding the complaint to consider additional information, changed circumstances, or other relevant information not provided in the initial investigation. Within five days of receiving the request, board staff shall send a response to the request to reopen the investigation, either advising the parties that the investigation will be reopened and a second proposed resolution will be issued or denying the request. If the request to reopen the investigation is denied, the complainant, utility, or consumer advocate has 14 days from the issuance of the denial to request that the board open a formal complaint proceeding pursuant to subrule 6.5(1).

199—6.5(476) Initiating formal complaint proceedings.

6.5(1) *Request for formal proceeding based upon a proposed resolution.* If the consumer advocate, complainant, or public utility does not agree with the proposed resolution, a request for a formal complaint proceeding may be made in writing within 14 days of the issuance of the proposed resolution. The request for a formal proceeding shall be considered as filed on the date of the United States Postal Service postmark, the date of email, the date of filing in the board's electronic filing system, or the date of in-person delivery to the board's customer service bureau. The request shall include the file number of the informal complaint and explain why the proposed resolution should be modified or rejected. The request shall explain why the proposed resolution should be modified or rejected and shall propose an alternate resolution. All parties to the informal complaint shall be provided copies of the request for a formal proceeding. Any other party to the informal complaint investigation may submit a response to the request for a formal proceeding within ten days of the date the request was submitted to the board.

6.5(2) *Request for formal complaint proceeding.* Upon receipt of a request for a formal complaint proceeding, the board shall issue an order either granting or denying the request.

199—6.6(476) Applicable procedures. When the complaint is docketed as a formal proceeding, the procedures set forth in 199—Chapter 7 will apply.

199—6.7(476) Record. The written complaint and all information obtained during the informal investigation shall be uploaded into the electronic filing system formal complaint docket and be made part of the record in the formal complaint proceeding. The information from the informal complaint investigation shall be redacted pursuant to requirements in 199—Chapter 7.

199—6.8(476) Special procedures for complaints alleging unauthorized changes in telecommunications services. Notwithstanding the deregulation of a communications service or facility pursuant to Iowa Code section 476.1D, complaints alleging an unauthorized change in telecommunications service (more information is contained in rule 199—22.9(476)) will be processed pursuant to 199—Chapter 22, unauthorized changes in telecommunications service, with the following additional or substituted procedures:

6.8(1) Upon receipt of the complaint and with the customer's acknowledgment, a copy of the complaint or a notification of receipt of a telephone or other oral complaint will be forwarded to the executing service provider and the preferred service provider as a request for a change in the customer's

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service to the customer's preferred service provider, unless the service has already been changed to the preferred service provider.

6.8(2) The complaint or notification of receipt of a telephone or other oral complaint will also be forwarded to the alleged unauthorized service provider. That entity shall file a response to the complaint within 20 days of the date the complaint or notification of receipt of a telephone or other oral complaint was forwarded. The response must include proof of verification of the customer's authorization for a change in service or a statement that the unauthorized service provider does not have such proof of verification.

6.8(3) If the alleged unauthorized service provider includes with its response alleged proof of verification of the customer's authorization for a change in service, the response will be forwarded to the customer. The customer will have ten days to challenge the verification or otherwise reply to the service provider's response.

6.8(4) As a part of the informal complaint proceedings, board staff may issue a proposed resolution to determine the potential liability, including assessment of damages, for unauthorized changes in service among the customer, the previous service provider, the executing service provider, and the submitting service provider, and any other interested person. In all cases, the proposed resolution shall allocate responsibility among the interested persons on the basis of their relative responsibility for the events that are the subject matter of the complaint. For purposes of this rule and in the absence of unusual circumstances, the term "damages" means charges directly relating to the telecommunications services provided to the customer that have appeared or may appear on the customer's bill. The term "damages" does not include incidental, consequential, or punitive damages.

6.8(5) If the complainant, the service provider, consumer advocate, or any other interested person directly affected by the proposed decision is dissatisfied with the proposed resolution, a request for formal complaint proceedings may be filed. A request for formal complaint proceedings will be processed by the board pursuant to rule 199—6.5(476) et seq.

If no request for formal complaint proceedings is received by the board within 14 days after issuance of the proposed resolution, the proposed resolution will be deemed binding upon all persons notified of the informal proceedings and affected by the proposed resolution. Notwithstanding the binding nature of any proposed resolution as to the affected persons, the board may at any time and on its own motion initiate formal proceedings that may alter the allocation of liability.

6.8(6) No entity may commence any actions to rebill, directly bill, or otherwise collect any disputed charges for a change in service until after board action on the complaint is final. If final board action finds that the change in service was unauthorized and determines the customer should pay some amount less than the billed amount, the service provider is prohibited from rebilling or taking any other steps whatsoever to collect the difference between the allowed charges and the original charges.

These rules are intended to implement Iowa Code sections 476.2, 476.3, 476.103 and 546.7.

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UTILITIES DIVISION[199]

Notice of Intended Action

**Proposing rulemaking related to utility records
and providing an opportunity for public comment**

The Utilities Board hereby proposes to rescind Chapter 18, "Utility Records," Iowa Administrative Code, and to adopt a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code chapter 476.

State or Federal Law Implemented

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This rulemaking implements, in whole or in part, Iowa Code sections 476.31 and 546.7.

Purpose and Summary

Chapter 18 is intended to ensure the Board has a methodology to review any necessary records that may pertain to the rules or policies of rate-regulated public utilities and the rates or charges for utility services.

The Board issued an order on November 2, 2023, commencing this rulemaking. The order is available on the Board's electronic filing system, efs.iowa.gov, under RMU-2023-0018.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

No waiver provision is included in the proposed amendments because the Board has a general waiver provision in rule 199—1.3(17A,474,476) that provides procedures for requesting a waiver of the rules in Chapter 18.

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rulemaking must be received by the Board no later than 4:30 p.m. on January 3, 2024. Comments should be directed to:

IT Support
Iowa Utilities Board
Phone: 515.725.7300
Email: ITSupport@iub.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

December 19, 2023 2 to 3 p.m.	Board Hearing Room 1375 East Court Avenue Des Moines, Iowa
January 3, 2024 9 to 10 a.m.	Board Hearing Room 1375 East Court Avenue Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

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The following rulemaking action is proposed:

ITEM 1. Rescind 199—Chapter 18 and adopt the following **new** chapter in lieu thereof:

CHAPTER 18
UTILITY RECORDS

199—18.1(476) Definitions. The following terms, when used in this chapter, have the meanings shown below:

“*FCC rules*” means the rules and regulations of the Federal Communications Commission under the Communications Act of 1934 as published in the Code of Federal Regulations (CFR).

“*FERC rules*” means the rules and regulations of the Federal Energy Regulatory Commission under the Federal Power Act and Natural Gas Act as published in the CFR.

“*NARUC guidelines*” means the guidelines published by the National Association of Regulatory Utility Commissioners.

“*RUS rules*” means the rules and regulations of the Rural Utilities Service, 7 CFR Part 1767, of the United States Department of Agriculture applicable to electric and telephone borrowers of the RUS under the terms of their mortgages to the RUS.

199—18.2(476) Location of records. All records kept pursuant to any rules of the board, or necessary for the administration thereof, shall be kept or made accessible within this state unless otherwise authorized by the board, including:

18.2(1) The utility’s tariffs.

18.2(2) A record of the telephone number and business location of the utility’s administrative, technical, and operating personnel within the state.

18.2(3) The most recent inspection report.

18.2(4) The most recent rate case filing.

18.2(5) Annual reports for the past five years.

18.2(6) Shareholder’s reports for the past five years.

18.2(7) Form IG-1 (gas utilities).

18.2(8) Form IE-1 (electric utilities).

18.2(9) Information regarding the location of other books, records, and accounts to be maintained or made accessible pursuant to statute or rule.

199—18.3(476) Availability of records. All records kept pursuant to any rules of the board, which are of a general corporate nature or otherwise pertain to the utility’s operations as a whole, shall be made available for examination by the board during normal business hours, unless otherwise authorized by the board. Upon receipt by a utility of a formal request in writing from the board for records or information pertaining to records required by any board rule, the utility shall provide the requested information to the board within 15 days of receiving the written request from the board unless the utility files an objection to the request or a request for an extension of time within seven days of the utility’s receipt of the information request. The objection or request for extension of time is to be filed in writing and state the concise grounds for relief. If the board finds that the objection or request for extension of time does not have merit, the information originally requested shall be provided immediately upon receiving notice of the board’s decision.

199—18.4(476) Electric utilities other than rural electric cooperatives.

18.4(1) *Units of property.* Electric utilities subject to rate regulation shall maintain an accounting system for Units of Property in Accounting for Additions and Retirements of Electric Plant in accordance with 199—Chapter 16, uniform systems of accounts—electric rules.

18.4(2) *Preservation of records.* All electric utilities subject to regulation by the board shall preserve the records of their operations in accordance with the provisions of Part 125 of the FERC rules, 18 CFR Part 125, Preservation of Records of Public Utilities and Licensees, as issued on August 15, 2000.

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Rate-regulated companies further ensure the preservation of records of associated companies, whether or not the associated companies are themselves utilities, as necessary to support the cost of services rendered to the utility by the associated companies.

199—18.5(476) Rural electric cooperatives.

18.5(1) *Units of property.* Rural electric cooperatives (RECs) subject to rate regulation by the board shall adopt the RUS rules contained in RUS 7 CFR Part 1767 published May 27, 2008. The REC shall maintain sufficient records to support additions to plant, retirement units, and replacements of electric plant, in accordance with 7 CFR Part 1767.10, Definitions; 7 CFR Part 1767.15, General Instructions; 7 CFR Part 1767.16, Electric Plant Instructions; and 7 CFR Part 1767.20, Plant Accounts.

18.5(2) *Preservation of records.* RECs shall preserve the records of their operations in accordance with the provisions of the RUS rules contained in RUS Bulletin 180-2, Record Retention Recommendations for RUS Electric Borrowers, issued June 26, 2003.

199—18.6(476) Gas utilities.

18.6(1) *Units of property.* Gas utilities subject to rate regulation shall maintain an accounting system for Units of Property in Accounting for Additions and Retirements of Gas Plant in accordance with 199—Chapter 16, uniform systems of accounts—gas rules.

18.6(2) *Preservation of records.* All gas utilities subject to regulation by the board shall preserve the records of their operations in accordance with the provisions of FERC rules, 18 CFR Part 225, Preservation of Records of Natural Gas Companies, as issued August 15, 2000. Rate-regulated companies further ensure the preservation of records of associated companies, whether or not the associated companies are themselves utilities, as necessary to support the cost of services rendered to the utility by the associated companies.

199—18.7(476) Water, sanitary sewage, and storm water drainage utilities.

18.7(1) *Units of property.* Water, sanitary sewage, and storm water drainage utilities subject to rate regulation shall maintain an accounting system for Units of Property in Accounting for Additions and Retirements of Water Plant in accordance with 199—Chapter 16, uniform systems of accounts—water rules.

18.7(2) *Preservation of records.* All water, sanitary sewage, and storm water drainage utilities subject to regulation by the board shall preserve the records of their operations in accordance with the provisions of the NARUC guidelines: Regulations to Govern the Preservation of Records of Electric, Gas and Water Utilities, revised October 2007 edition. Regulated water, sanitary sewage, and storm water drainage utilities shall further ensure the preservation of records of associated companies, whether or not the associated companies are themselves utilities, as necessary to support the cost of services rendered to the utility by the associated companies.

These rules are intended to implement Iowa Code sections 476.31 and 546.7.